

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010296

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED MAR 26 1963 Primary Registration District No. 5041

Registrar's No. 20

STATE FILE NUMBER

VS 300
Rev. 4/59

6050

2050

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Barry</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Barry</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Flatcreek Twp.</i>		Length of stay in 1b <i>3 wks</i>	c. CITY OR TOWN <i>Purdy</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>James</i> Middle <i>Martin</i> Last <i>Moss</i>		4. DATE OF DEATH Month <i>March</i> Day <i>19</i> Year <i>1963</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>8-3-1878</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>farm</i>	9. AGE (last birthday) <i>84</i>
13a. FATHER'S NAME <i>John A. Moss</i>		11. BIRTHPLACE (City and state or country) <i>Mercer County, Missouri</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13b. MOTHER'S MAIDEN NAME <i>Cetola E. Nash</i>		14. NAME OF HUSBAND OR WIFE <i>Grace Moss</i>	
16. SOCIAL SECURITY NO. <i>[redacted]</i>		17. INFORMANT Address <i>Roy Moss Knoxville, Iowa</i>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Heart trouble</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>High blood pressure</i> DUE TO (c) <i>Hardened arteries</i>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>[blank]</i> a.m. <i>[blank]</i> p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <i>1952</i> to <i>3-19-63</i> and last saw her alive on <i>3-18-63</i> Death occurred at <i>3:45 A.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Glenn H. Salzer M.D.</i> (Degree & title)		22b. ADDRESS <i>Cassville, Mo.</i>	
22c. DATE SIGNED <i>3-22-63</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>3-24-1963</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Corinth Cemetery</i>	
23d. LOCATION (City, town, or county) <i>Barry County, Missouri</i>		(State)	
24. FUNERAL DIRECTOR <i>Culver's</i>		25. DATE RECD. BY LOCAL REG. <i>Mar 23-1963</i>	
26. REGISTRAR'S SIGNATURE <i>Grace Williams</i>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Margaret C. Herbert

Licensed Embalmer No. 4389

P. O. Address Cassville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit obtained

J. W.